	Substitute for Form PTO-875										Application or Docket Number		
				·	. 10	723	800						
•	FOR	. FOR					· 	SMALL ENTITY			OR .	OTH	HER THAI LL ENTIT
٠.	8ASIC FEE (37 CFR 1.16(a)	(37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(c)) INDEPENDENT CLAIMS			. NO	NUMBER EXTRA		RATE	FE	E	1		TEN (III
	(37 CFR 1.16(c))				20 =			5			OR	RATE	· FE
	(37 CFR 1.16(b))				•			x s 20	=		OR	x s 50=	- 15
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							x s 100			OR	x s 200	1
.	Il the difference in column 1 is less than zero, enter "O" in col							+s-180	<u> </u>		or [, <u>3</u> 60	
		CLAIMS AS AMENDED -							TOTAL		OR	TOTAL	
	(Column 1)												
	₹ 2/23/	CLAIMS REMAINING	;	HIG	HEST	7	7	SMALI	ENTITY	·	OR	OTHER	R THAN ENTITY
	To(al (31 ORR 1.16(c)) (31 ORR 1.16(c)) (31 ORR 1.16(c))	AFTER AMENOMEN	i	PREV	MBER OUSLY FOR	PRESEN EXTRA		RATE	ADDI- TIONAL].		RATE	AD0
	(3) CFR 1.16(c))		Minu	20		=	7	x s 25 =	FEE	-		En .	TIONAL
	Σ		Minus	13	- = /			x s 100=		OF		.50 <u> </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ s_180=		OF OR		360	
	(Column 1) (Column 2)							TOTAL ADD'L FEE		OR	TO		
O FIN	•	. CLAIMS REMAINING AFTER	T -	(Coli HIGH NUM PREVIO	8ER	(Column 3) PRESENT	7	RATE	A001-	7			
JAAG A	Total (37 OFR 1.16(c))	AMENDMENT	Minus	PAID	FOR	EXTRA			TIONAL	1	J. €	MTE	ADDI- TIONAL
AMENOMENT	Independent (37 CFR 1.16(b))		· Minus			=	$\ \ $	× s <u>25</u> =		OR	x s	50=	FEE
4	FIRST PRESENT	FATION OF MULTIPL	E DEPENDI	ENT CLAIM	(37 CFF	R 1.16(d1)		× s 100=	·	OR	x s.	200_	
ľ		1 (+s 180= TOTAL ADO'L FEE		OR	TOTA							
0		(Column 1) CLAIMS	· · ·	(Colum		(Column 3)				OR) OOA	FEE,	
ENT		REMAINING AFTER AMENOMENT		HIGHE NUMBI PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RA	τε	ADDI-
NDV	Total (31 CFR 1.16(c)) Indépendent		Minus	**		= :		× , 25 _	FEE				TIONAL FEE
AMENDM	(37 OFR 1.16(6))		Minus		- 1	=	1-	· 5 100		OR	× 5 20		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									OR OR			
	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". TOTAL ADD'L FEE OR 4.3400_ ADD'L FEE TOTAL OR ADD'L FEE												
	" THE HIGHAST NO	Imber Previously F		1111336	WOE IS I	ess (han 20 a	afar 1	20					

The Highest Number Previously Paid For (IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.